
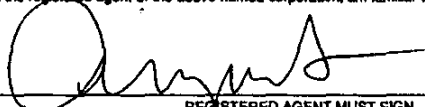



PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO4000021356			
1. Corporation Name D C HOME CONSTRUCTION INC			
Principal Place of Business 957 BRIARWOOD LANE ALTAMONTE SPRING, FL 32714		Mailing Address 957 BRIARWOOD LANE ALTAMONTE SPRINGS, FL 32714	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable 461 KENTIA ROAD <small>Suite, Apt. #, etc.</small>		3. New Mailing Office Address, If Applicable 461 KENTIA ROAD <small>Suite, Apt. #, etc.</small>	
City & State CASSELBERRY, FL		City & State CASSELBERRY, FL	
Zip 32707	Country USA	Zip 32707	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 02/03/2004		5. FEI Number 20-0686378	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOSE D CRUZ	461 KENTIA ROAD	CASSELBERRY, FL 32707
8. Name and Address of Current Registered Agent JOSE D CRUZ 957 BRIARWOOD LANE ALTAMONTE SPRINGS, FL 32714		9. Name and Address of New Registered Agent Name AUGUST C MAYORGA Street Address (P.O. Box Number is Not Acceptable) 200 North Danning Drive Suite, Apt. #, Etc. SUITE 5 City WINTER PARK	
State FL		Zip Code 32789-3736	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.			
Signature of Registered Agent		Date	
		11/25/05	
REGISTERED AGENT MUST SIGN			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE:		11/25/05	
		321-263-5208	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DC HOME CONSTRUCTION INC.
461 Kentia Road
Casselberry, FL 32707

Telephone: (407) 332-6861

Friday, November 25, 2005

Florida Department of State
Div of Corporations, Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Charter Number: P04000021356
FEI: #20-0686378

Dear Sirs,

Attached please find Application for the Charter Renewal of the Corporation in the above reference. Attached also is our check for \$ 150.00.

We are asking for a waiver on the additional fees due as a result of not renewing within the prescribed time, inasmuch as we did not receive any notices at our offices listed above. We understand that it is our responsibility to make sure we take care of these matters on a timely basis but somehow we believe the notice from your office was lost in the mail and we did not get an opportunity to timely renew the charter.

We will make sure that in the future we stay in good standing.

Thank you for your cooperation and prompt positive response.

Sincerely,



Jose D. Cruz
President